(Rev. 04/18) Case 2:20-Cl-bd States District Court Eastern District TRANSCRIPT ORDER						FOR COURTUSE ONLY DUE DATE:	
PLEASE Read Instruction Page (attached):  1.YOUR NAME  2. EMAIL					3. PHONE NUMBER	4. DATE	
5. MAILING ADDRESS					6. CITY	7. STATE	8. ZIP CODE
9. CASE NUMBER 10. JUDGE						PROCEEDINGS	
12 CASENAME					11. FROM 12. TO  LOCATION OF PROCEEDINGS		
13. CASE NAME					14. CITY 15. STATE		
16. ORDER FOR							
PAPPEAL No. NON-APPEAL			CRIMINAL CIVIL		CRIMINAL JUSTICE ACT IN FORMA PAUPERIS	OTHER (S	
1101171112					EVI ORWALI AGI ERRO		
17. TRANSCRIP	PT REQUESTED (Spe	ecify por	tion(s) and date	e(s) of proceeding(s) f	for which transcript is requested) You mi	ust provide the name	e of the Reporter.
TRIA	TRIAL		TE(S)	REPORTER	HEARINGS	DATE(S)	REPORTER
ENTIRE TRIAL					OTHER (Specify Below)		
JURY SELECTION							
OPENING STA							
JURY INSTRU							
JORT INSTITE							
					ORDER (Grey Area for Court Reporter Use)		
CATEGORY ORIGINAL (Includes Certified C Clerk for Records of the		Copy to FIRST COPY		ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
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REALTIME	CEDTIEIC	ATION	(19 & 20)				
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).					ESTIMATE TOTAL		
19. SIGNATURE					PROCESSED BY		
20. DATE					PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY					COURT ADDRESS		
IRANSCRII I TO BE I REI ARED DI					COOKITEDIKESS		
			DATE	BY			
ORDER RECEIVED							
DEPOSIT PAID			DEPOSIT PAID				
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED					LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED				
PARTY RECEN	/ED TRANSCRIPT				TOTAL DUE		